



# POST OFFICE TO ADDRESSEE

ORIGIN (POSTAL USE ONLY)

Post ZIP Code	Day of Delivery	Flat Rate Envelope
95013	<input checked="" type="checkbox"/> Next <input type="checkbox"/> Second	<input type="checkbox"/>
Date in	Mo. Day	Postage \$
7/27/01	7/27/01	16.00
Time in	<input checked="" type="checkbox"/> 12 Noon <input type="checkbox"/> 3 PM	Return Receipt Fee
Mo. Day	Military	
7/27/01		
Weight	<input type="checkbox"/> 1st Day <input type="checkbox"/> 2nd Day	COO Fee
10.00		
Ins. Ozs.	Int'l Alpha County Code	Insurance Fee
No Delivery	Acceptance Clerk Initials	Train Postage & Fare
<input type="checkbox"/> Week-end <input type="checkbox"/> Holiday		\$

DELIVERY (POSTAL USE ONLY)

Delivery Attempt	Time	Employee Signature
Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	
Delivery Attempt	Time	Employee Signature
Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	
Signature	Mo. Day	Employee Signature
	AUG 28 2001	

CUSTOMER USE ONLY

TO FILE A CLAIM FOR DAMAGE OR LOSS OF CONTENTS, YOU MUST PRESENT THE ARTICLE, CONTAINER, AND PACKAGING TO THE USPS FOR INSPECTION.

☐ WAIVER OF SIGNATURE (Domestic Only) Additional merchandise insurance is void if waiver of signature is requested. I wish delivery to be made without obtaining signature of addressee. I acknowledge I agree if delivery employee judges that article can be left in secure location and I authorize that delivery employee's signature constitutes valid proof of delivery.

NO DELIVERY

☐ Holiday

Customer Signature

FROM: (PLEASE PRINT)

PHONE ( )

PHONE ( )

USPTO MAIL CENTER  
AUG 27 2001  
EXPRESS MAIL-DATE IN

FOR PICKUP OR TRACKING CALL 1-800-222-1811

www.usps.com



Label 11-B September 1999



Addressee Copy